

61 Louisa Viens Drive
Dayville, CT 06241
Fax: 860-774-2689
Phone: 860-774-6814
Toll-Free: 800-334-0103

ANALYTICAL DATA REPORT

prepared for:

Town of Webster Water Dept.
38 Hill Street
PO Box 793
Webster, MA 01570
Attn: Doran Crouse

Report Number: E505C20
Revision 1
Project: Webster Water Department

Received Date: 05/13/2015
Report Date: 05/21/2015
Revision Date: 05/21/2015

Copies Sent To:

Commonwealth of Massachusetts
DEP / Central Regional Office
8 New Bond Street
Worcester, MA 01606



David Dickinson
Technical Director



CT DPH #PH-0465
NY ELAP #11549

EPA #CT00008
PA DEP #68-04413

MA DEP #M-CT008
RI DOH #LAO00346

ME DHHS #CT0050
VT DOH #VT11549

NH ELAP #2020



101-000000458894

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ANALYTICAL DATA REPORT

prepared for:

Commonwealth of Massachusetts
DEP / Central Regional Office
8 New Bond Street
Worcester, MA 01606
Attn: Linda Erricola

Report Number: E505C20
Revision 1
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Received Date: 05/13/2015
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Report No: E505C20
Client: Webster Water Department
Project: Webster Water Department

CASE NARRATIVE / METHOD CONFORMANCE SUMMARY

The results presented in this report relate only to the samples received.

This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included, along with a copy of the chain of custody and any subcontracted analyses reports, if applicable, for the sample(s) in this report. Subcontractor results are identified by 'SUB' next to the analysis.

Microbac Laboratories, Inc. received seven samples from Webster Water Department on 05/13/2015. The samples were analyzed for the following list of analyses in accordance with MA DEP regulations unless otherwise indicated:

Arsenic by 200.8 DW/WW
200.8[3000]

Client Reported WQP
150.1, 170.1

MA Volatile Organics by 524.2 Low DL in DW
524.2

Metals by 200.7
200.7[3000]

Nitrite as N by SM4500-NO3 F in DW/WW
SM4500-NO3-F

Client Reported Chlorine
SM4500-Cl-G

Iron & Manganese by ICP by 200.7
200.7[3000]

Mass IOC in DW
200.7[3000], 200.8[3000], 245.2[245.1],
SM4500-CN-E[SM4500-CN-C], SM4500F-C

Nitrate as N by SM4500-NO3 F in DW/WW
SM4500-NO3-F

Non-Conformances:

Work Order:

None

Sample:

None

Analysis:

None



Inorganic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
MULT 1	Memorial Beach Sta #1	<small>*Please note all samples are considered representative of finished water if there is no treatment applied</small> <input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	5/13/2015	J. Patterson

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample #
ANTIMONY	ND	0.006	0.0010	200.8	05/14/2015			E505C20-1
ARSENIC	ND	0.010	0.0041	200.8	05/14/2015			E505C20-1
BARIUM	0.033	2.0	0.0051	200.8	05/14/2015			E505C20-1
BERYLLIUM	ND	0.004	0.0010	200.8	05/14/2015			E505C20-1
CADMIUM	ND	0.005	0.0010	200.8	05/14/2015			E505C20-1
CHROMIUM	ND	0.1	0.0010	200.8	05/14/2015			E505C20-1
CYANIDE	ND	0.2	0.010	SM4500-CN-E	05/20/2015			E505C20-1
FLUORIDE ¹	ND	4.0	0.20	SM4500F-C	05/18/2015			E505C20-1
MERCURY ²	ND	0.002	0.00020	245.2	05/15/2015			E505C20-1
NICKEL	ND	none*	0.0010	200.8	05/14/2015			E505C20-1
SELENIUM	ND	0.05	0.0051	200.8	05/14/2015			E505C20-1
SODIUM	93	none*	1.0	200.7	05/14/2015			E505C20-1
THALLIUM	ND	0.002	0.0010	200.8	05/14/2015			E505C20-1

¹ Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
² Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.
 * No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample Composited by the Lab? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: 
 Date:

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DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Inorganic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
RW-04G	Sta #1 Well #1	<small>*Please note all samples are considered representative of finished water if there is no treatment applied</small> <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample #
ANTIMONY		0.006						
ARSENIC	ND	0.010	0.0041	200.8	05/14/2015			E505C20-2
BARIUM		2.0						
BERYLLIUM		0.004						
CADMIUM		0.005						
CHROMIUM		0.1						
CYANIDE		0.2						
FLUORIDE ¹		4.0						
MERCURY ²		0.002						
NICKEL		none*						
SELENIUM		0.05						
SODIUM	41	none*	1.0	200.7	05/14/2015			E505C20-2
THALLIUM		0.002						

¹ Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
² Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.
 * No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample Composited by the Lab? <input type="checkbox"/> Yes <input type="checkbox"/>	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:  Date:

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DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Inorganic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
RW-05G	Sta #1 Well #2	<small>*Please note all samples are considered representative of finished water if there is no treatment applied</small> <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson
Routine or Special Sample		If Resubmitted, list below		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).				

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample #
ANTIMONY		0.006						
ARSENIC	ND	0.010	0.0041	200.8	05/14/2015			E505C20-3
BARIUM		2.0						
BERYLLIUM		0.004						
CADMIUM		0.005						
CHROMIUM		0.1						
CYANIDE		0.2						
FLUORIDE ¹		4.0						
MERCURY ²		0.002						
NICKEL		none*						
SELENIUM		0.05						
SODIUM	60	none*	1.0	200.7	05/14/2015			E505C20-3
THALLIUM		0.002						

¹ Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
² Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.
 * No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample Composited by the Lab? <input type="checkbox"/> Yes <input type="checkbox"/>	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: 
 Date:

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DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Inorganic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By				
RW-06G	Sta #1 Well #3	<small>*Please note all samples are considered representative of finished water if there is no treatment applied</small> <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson				
Routine or Special Sample: <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS		Original, Resubmitted or Confirmation Report: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation						
If Resubmitted, list below: <table border="1" style="width:100%"> <tr> <th>(1) Reason for Resubmission</th> <th>(2) Collection Date of Original Sample</th> </tr> <tr> <td> <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction </td> <td></td> </tr> </table>					(1) Reason for Resubmission	(2) Collection Date of Original Sample	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
(1) Reason for Resubmission	(2) Collection Date of Original Sample							
<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction								
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).								

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample #
ANTIMONY		0.006						
ARSENIC	ND	0.010	0.0041	200.8	05/14/2015			E505C20-4
BARIUM		2.0						
BERYLLIUM		0.004						
CADMIUM		0.005						
CHROMIUM		0.1						
CYANIDE		0.2						
FLUORIDE ¹		4.0						
MERCURY ²		0.002						
NICKEL		none*						
SELENIUM		0.05						
SODIUM	82	none*	1.0	200.7	05/14/2015			E505C20-4
THALLIUM		0.002						

¹ Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
² Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.
 * No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample Composited by the Lab? <input type="checkbox"/> Yes	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: 
 Date:

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DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Inorganic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
RW-07G	Sta #1 Well #4	<small>*Please note all samples are considered representative of finished water if there is no treatment applied</small> <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson
Routine or Special Sample		If Resubmitted, list below		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		(1) Reason for Resubmission		(2) Collection Date of Original Sample
		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample #
ANTIMONY		0.006						
ARSENIC	ND	0.010	0.0041	200.8	05/14/2015			E505C20-5
BARIUM		2.0						
BERYLLIUM		0.004						
CADMIUM		0.005						
CHROMIUM		0.1						
CYANIDE		0.2						
FLUORIDE ¹		4.0						
MERCURY ²		0.002						
NICKEL		none*						
SELENIUM		0.05						
SODIUM	160	none*	1.0	200.7	05/14/2015			E505C20-5
THALLIUM		0.002						

¹ Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
² Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.
 * No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample Composited by the Lab? Yes <input type="checkbox"/>	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

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Inorganic Contaminant Report

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PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
RW-08G	Sta #1 Well #5	<small>*Please note all samples are considered representative of finished water if there is no treatment applied</small> <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson
Routine or Special Sample		If Resubmitted, list below		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		(1) Reason for Resubmission: <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction (2) Collection Date of Original Sample:		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).				

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample #
ANTIMONY		0.006						
ARSENIC	ND	0.010	0.0041	200.8	05/14/2015			E505C20-6
BARIUM		2.0						
BERYLLIUM		0.004						
CADMIUM		0.005						
CHROMIUM		0.1						
CYANIDE		0.2						
FLUORIDE ¹		4.0						
MERCURY ²		0.002						
NICKEL		none*						
SELENIUM		0.05						
SODIUM	240	none*	1.0	200.7	05/18/2015			E505C20-6
THALLIUM		0.002						

¹ Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
² Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.
 * No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample Composited by the Lab? Yes <input type="checkbox"/>	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

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DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Inorganic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
03G	Sta #3 Bigelow Rd. (Finished)	<small>*Please note all samples are considered representative of finished water if there is no treatment applied</small> <input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	5/13/2015	J. Patterson

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample #
ANTIMONY	ND	0.006	0.0010	200.8	05/14/2015			E505C20-7
ARSENIC	ND	0.010	0.0041	200.8	05/14/2015			E505C20-7
BARIUM	0.014	2.0	0.0051	200.8	05/14/2015			E505C20-7
BERYLLIUM	ND	0.004	0.0010	200.8	05/14/2015			E505C20-7
CADMIUM	ND	0.005	0.0010	200.8	05/14/2015			E505C20-7
CHROMIUM	ND	0.1	0.0010	200.8	05/14/2015			E505C20-7
CYANIDE	ND	0.2	0.010	SM4500-CN-E	05/20/2015			E505C20-7
FLUORIDE ¹	ND	4.0	0.20	SM4500F-C	05/18/2015			E505C20-7
MERCURY ²	ND	0.002	0.00020	245.2	05/15/2015			E505C20-7
NICKEL	ND	none*	0.0010	200.8	05/14/2015			E505C20-7
SELENIUM	ND	0.05	0.0051	200.8	05/14/2015			E505C20-7
SODIUM	45	none*	1.0	200.7	05/14/2015			E505C20-7
THALLIUM	ND	0.002	0.0010	200.8	05/14/2015			E505C20-7

¹ Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
² Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.
 * No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample Composited by the Lab? <input type="checkbox"/> Yes	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

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Primary Lab Director Signature: 
 Date:

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DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Nitrate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#		DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
A	MULT 1	Memorial Beach Sta #1	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/13/2015	J. Patterson
B	RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/13/2015	J. Patterson
C	RW-05G	Sta #1 Well #2	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/13/2015	J. Patterson
D	RW-06G	Sta #1 Well #3	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/13/2015	J. Patterson
Routine or Special Sample		Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below				
			(1) Reason for Resubmission		(2) Collection Date of Original Sample		
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
D	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).							
A							
B							
C							
D							

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

NITRATE Result (m/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A 0.63	10	0.050	SM4500-NO3-F	5/13/2015	E505C201
B 0.25	10	0.050	SM4500-NO3-F	5/13/2015	E505C202
C 0.55	10	0.050	SM4500-NO3-F	5/13/2015	E505C203
D 0.98	10	0.050	SM4500-NO3-F	5/13/2015	E505C204

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL OF 10 mg/L requires confirmation sampling within 24 hours.
 Notify MassDEP of any MCL exceedances.

A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: 
 Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Nitrate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#		DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
A	RW-07G	Sta #1 Well #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/13/2015	J. Patterson
B	RW-08G	Sta #1 Well #5	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/13/2015	J. Patterson
C	03G	Sta #3 Bigelow Rd. (Finished)	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/13/2015	J. Patterson
D							
			If Resubmitted Report, list below				
			(1) Reason for Resubmission		(2) Collection Date of Original Sample		
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
D							
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).							
A							
B							
C							
D							

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

	NITRATE Result (m/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A	1.0	10	0.050	SM4500-NO3-F	5/13/2015	E505C205
B	1.3	10	0.050	SM4500-NO3-F	5/13/2015	E505C206
C	1.4	10	0.050	SM4500-NO3-F	5/13/2015	E505C207
D						

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL OF 10 mg/L requires confirmation sampling within 24 hours.
 Notify MassDEP of any MCL exceedances.

A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: 
 Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Nitrite Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#		DEP Location Name	Sample Information		Date Collected	Collected By
A	MULT 1	Memorial Beach Sta #1	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	5/13/2015	J. Patterson
B	RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson
C	RW-05G	Sta #1 Well #2	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson
D	RW-06G	Sta #1 Well #3	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson
			If Resubmitted Report, list below			
			(1) Reason for Resubmission		(2) Collection Date of Original Sample	
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
D	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						
A						
B						
C						
D						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

NITRITE Result (m/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A ND	1.0	0.010	SM4500-NO3-F	5/13/2015	E505C201
B ND	1.0	0.010	SM4500-NO3-F	5/13/2015	E505C202
C ND	1.0	0.010	SM4500-NO3-F	5/13/2015	E505C203
D ND	1.0	0.010	SM4500-NO3-F	5/13/2015	E505C204

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL OF 10 mg/L requires confirmation sampling within 24 hours.
 Notify MassDEP of any MCL exceedances.

A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: 

Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Nitrite Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#		DEP Location Name	Sample Information		Date Collected	Collected By
A	RW-07G	Sta #1 Well #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson
B	RW-08G	Sta #1 Well #5	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson
C	03G	Sta #3 Bigelow Rd. (Finished)	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	5/13/2015	J. Patterson
D						
Routine or Special Sample		Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below			
			(1) Reason for Resubmission		(2) Collection Date of Original Sample	
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
D						
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						
A						
B						
C						
D						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

NITRITE Result (m/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A ND	1.0	0.010	SM4500-NO3-F	5/13/2015	E505C205
B ND	1.0	0.010	SM4500-NO3-F	5/13/2015	E505C206
C ND	1.0	0.010	SM4500-NO3-F	5/13/2015	E505C207
D					

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL OF 10 mg/L requires confirmation sampling within 24 hours.
 Notify MassDEP of any MCL exceedances.

A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: 

Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A MULT 1	Memorial Beach Sta #1	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	5/13/2015	J. Patterson
B RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES	
A	
B	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	0.19	0.60	0.3	0.051	200.7	5/14/2015	E505C20-1, E505C20-2
MANGANESE (mg/L)	0.15	0.42	0.05*	0.0020	200.7	5/14/2015	E505C20-1, E505C20-2
ALKALINITY (mg/L as CaCO ₃)			none				
CALCIUM (mg/L)			none				
MAGNESIUM (mg/L)			none				
HARDNESS (mg/L as CaCO ₃)			none				
POTASSIUM (mg/L)			none				
TURBIDITY (NTU)			none				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH			6.5 to 8.5				
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: 
 Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By	
A	RW-05G	Sta #1 Well #2 <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson	
B	RW-06G	Sta #1 Well #3 <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson	
If Resubmitted Report, list below					
	Routine or Special Sample	Original, Resubmitted or Confirmation Report	(1) Reason for Resubmission		(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES					
A					
B					

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND	ND	0.3	0.051	200.7	5/14/2015	E505C20-3, E505C20-4
MANGANESE (mg/L)	0.19	0.0046	0.05*	0.0020	200.7	5/14/2015	E505C20-3, E505C20-4
ALKALINITY (mg/L as CaCO ₃)			none				
CALCIUM (mg/L)			none				
MAGNESIUM (mg/L)			none				
HARDNESS (mg/L as CaCO ₃)			none				
POTASSIUM (mg/L)			none				
TURBIDITY (NTU)			none				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH			6.5 to 8.5				
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: 
 Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000

City / Town: Webster, MA

PWS Name: Webster Water Department

PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A	RW-07G	Sta #1 Well #4 <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson
B	RW-08G	Sta #1 Well #5 <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/13/2015	J. Patterson
If Resubmitted Report, list below				
	Routine or Special Sample	Original, Resubmitted or Confirmation Report	(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
SAMPLE NOTES				
A				
B				

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008

Primary Lab Name: Microbac Laboratories, Inc.

Subcontract? (Y/N)

N

Analysis Lab MA Cert. #: M-CT008

Analysis Lab Name: Microbac Laboratories, Inc.

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	0.31	ND	0.3	0.051	200.7	5/14/2015	E505C20-5, E505C20-6
MANGANESE (mg/L)	0.033	0.0026	0.05*	0.0020	200.7	5/14/2015	E505C20-5, E505C20-6
ALKALINITY (mg/L as CaCO ₃)			none				
CALCIUM (mg/L)			none				
MAGNESIUM (mg/L)			none				
HARDNESS (mg/L as CaCO ₃)			none				
POTASSIUM (mg/L)			none				
TURBIDITY (NTU)			none				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH			6.5 to 8.5				
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 5/21/2015

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A 03G	Sta #3 Bigelow Rd. (Finished)	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	5/13/2015	J. Patterson
B				

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B				

SAMPLE NOTES	
A	
B	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND		0.3	0.051	200.7	5/14/2015	E505C20-7
MANGANESE (mg/L)	0.021		0.05*	0.0020	200.7	5/14/2015	E505C20-7
ALKALINITY (mg/L as CaCO ₃)			none				
CALCIUM (mg/L)			none				
MAGNESIUM (mg/L)			none				
HARDNESS (mg/L as CaCO ₃)			none				
POTASSIUM (mg/L)			none				
TURBIDITY (NTU)			none				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH			6.5 to 8.5				
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
MULT 1	Memorial Beach Sta #1	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/13/2015	J. Patterson

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/15/2015	E505C20-1	

Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/13/2015	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below			
		(1) Reason for Resubmission		(2) Collection Date of Original Sample	
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).					

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/15/2015	E505C20-2	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
RW-05G	Sta #1 Well #2	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/13/2015	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below			
		(1) Reason for Resubmission		(2) Collection Date of Original Sample	
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).					

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/15/2015	E505C20-3	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
RW-06G	Sta #1 Well #3	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/13/2015	J. Patterson
Routine or Special Sample		Original, Resubmitted or Confirmation Report				
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation				
If Resubmitted, list below						
(1) Reason for Resubmission			(2) Collection Date of Original Sample			
<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction						
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/15/2015	E505C20-4	
Was this Sample composited by the Lab?		COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.		
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

PWS ID #: 2316000

Lab Sample ID #: E505C20-4

Table with 4 columns: CAS#, UNREGULATED VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists various VOCs like CHLOROFORM, BROMODICHLOROMETHANE, etc.

Table with 4 columns: CAS#, ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists VOCs like TETRAHYDROFURAN (THF), TERT-BUTYL ALCOHOL (TBA), etc.

Check this box if attaching lab report to show additional VOC results/contaminants tested.

Required
* DEP ORSG limit established

Table with 2 columns: Surrogate Name, % Recovery (70 - 130%). Rows include 1,2-Dichlorobenzene-d4 and Bromofluorobenzene.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Directory Signature: [Handwritten Signature]

Date: 5/21/2015

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)
Review Comments
WQTS Data Entered



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
RW-07G	Sta #1 Well #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/13/2015	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below			
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission		(2) Collection Date of Original Sample	
		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).					

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/15/2015	E505C20-5	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
RW-08G	Sta #1 Well #5	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/13/2015	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission			(2) Collection Date of Original Sample	
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/15/2015	E505C20-6	
Was this Sample composited by the Lab?		COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.		
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
03G	Sta #3 Bigelow Rd. (Finished)	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/13/2015	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/15/2015	E505C20-7	
Was this Sample composited by the Lab?		COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.		
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

PWS ID #: 2316000

Lab Sample ID #: E505C20-7

Table with 4 columns: CAS#, UNREGULATED VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists various VOCs like CHLOROFORM, BROMODICHLOROMETHANE, etc.

Table with 4 columns: CAS#, ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists VOCs like TETRAHYDROFURAN (THF), TERT-BUTYL ALCOHOL (TBA), etc.

Check this box if attaching lab report to show additional VOC results/contaminants tested.

Required
* DEP ORSG limit established

Table with 2 columns: Surrogate Name, % Recovery (70 - 130%). Rows include 1,2-Dichlorobenzene-d4 and Bromofluorobenzene.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Directory Signature: [Handwritten Signature]

Date: 5/21/2015

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)
Review Comments
WQTS Data Entered

